

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

VIETNOW NATIONAL HEADQUARTERS

Number and street (or P O box if mail is not delivered to street address)

1835 BROADWAY

Room/suite

City or town, state or country, and ZIP + 4

ROCKFORD, IL 61104

D Employer identification number

36-3420947

E Telephone number

(815) 227-5100

F Accounting method:

☐ Cash☒ Accrual

Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ N/A

J Organization type (check only one) ☒ 501(c)(19) (insert no) 4947(a)(1) or 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. 1,764,635.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b		1,633,631.	
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 1,633,631. noncash \$)	1e		1,633,631.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3		10,186.	
4	Interest on savings and temporary cash investments	4		21,509.	
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a.	6c		2,475.	
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a	96,834.	8a	
c	Gain or (loss) (attach schedule)	8b	77,821.	8b	
d	Net gain or (loss). Combine line 8c, columns (A) and (B).	8c	19,013.	8c	
8d				19,013.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a.	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a.	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11.	12		1,686,814.	
13	Program services (from line 44, column (B))	13		216,047.	
14	Management and general (from line 44, column (C))	14		91,673.	
15	Fundraising (from line 44, column (D))	15		1,453,746.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 13 and 14, column (A).	17		1,761,466.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12.	18		-74,652.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		901,737.	
20	Other changes in net assets or fund balances (attach explanation) STMT 1	20		35,318.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20.	21		862,403.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	67,797.	67,797.		
23 Specific assistance to individuals (attach schedule)					
24 Benefits paid to or for members (attach schedule)					
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)					
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)					
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)					
26 Salaries and wages of employees not included on lines 25a, b, and c		33,216.	16,608.	16,608.	
27 Pension plan contributions not included on lines 25a, b, and c					
28 Employee benefits not included on lines 25a - 27					
29 Payroll taxes		182.	91.	91.	
30 Professional fundraising fees		1,453,746.			1,453,746.
31 Accounting fees					
32 Legal fees		13,187.	5,275.	7,912.	
33 Supplies		695.		695.	
34 Telephone		14,493.	5,797.	8,696.	
35 Postage and shipping		9,672.	1,969.	7,703.	
36 Occupancy					
37 Equipment rental and maintenance		4,402.	2,201.	2,201.	
38 Printing and publications		20,610.	20,610.		
39 Travel		22,638.	9,055.	13,583.	
40 Conferences, conventions, and meetings		13,746.	13,746.		
41 Interest					
42 Depreciation, depletion, etc. (attach schedule)		5,278.	2,111.	3,167.	
43 Other expenses not covered above (itemize)					
a STMT 2		101,804.	70,787.	31,017.	
b					
c					
d					
e					
f					
g					
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).		1,761,466.	216,047.	91,673.	1,453,746.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE SCHEDULE D**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a **SEE SCHEDULE E**

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

216,047.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

216,047.

Form **990** (2006)

Part IV Balance Sheets (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	532,725.	45	438,567.
	46 Savings and temporary cash investments	256,281.	46	310,295.
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a	2,550.	
	b Less allowance for doubtful accounts	48b	3,751.	48c 2,550.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	7,455.	52	7,064.
	53 Prepaid expenses and deferred charges	2,641.	53	7,972.
	54a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
	56 Investments - other (attach schedule)		56	
57a Land, buildings, and equipment basis	57a	201,806.		
b Less accumulated depreciation (attach schedule)	57b	99,475.	57c 102,331.	
58 Other assets, including program-related investments (describe ►)		58		
59 Total assets (must equal line 74) Add lines 45 through 58		909,462.	59	868,779.
Liabilities	60 Accounts payable and accrued expenses	7,725.	60	6,376.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65		7,725.	66	6,376.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	901,737.	67	862,403.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	901,737.	73	862,403.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	909,462.	74	868,779.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements.	a	1,705,931.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	19,117.
2	Donated services and use of facilities.	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4	b	19,117.
c	Subtract line b from line a	c	1,686,814.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d ▶	e	1,686,814.




Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,761,466.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	1,761,466.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d ▶	e	1,761,466.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Yes	No
-----	----

75b		X
		

75c		X
75d		X

d Does the organization have a written conflict of interest policy?

Yes	No
-----	----

76		X

77		X
----	--	---

78a		X

78b	N/A
-----	-----

79		X

80a	X
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81b	X
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Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h unless the organization received a waiver for proxy tax owed for the prior year		
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) orgs. Enter a Gross income from members or shareholders		N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		N/A
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		N/A
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>N/A</u>		
	d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>N/A</u>		
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed <u>SEE SCHEDULE H</u>		
90b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	1	
91a	The books are in care of <u>RICH SANDERS</u> Telephone no <u>(815) 227-5100</u>		
	Located at <u>1835 BROADWAY, ROCKFORD, IL</u> ZIP + 4 <u>61104</u>		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No

If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year **92** | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					10,186.
95 Interest on savings and temporary cash investments			14	21,509.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	2,475.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	19,013.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				42,997.	10,186.
105 Total (add line 104, columns (B), (D), and (E))					53,183.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE SCHEDULE D

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 3	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Richard Sanders Date: 1-17-08

Type or print name and title: Richard Sanders President

Paid Preparer's Use Only

Preparer's signature: Sam J. Lane Date: 1/8/8 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): P00230535

Firm's name (or yours if self-employed), address, and ZIP + 4: FROST, RUTTENBERG & ROTHBLATT, P.C. EIN: 36-3402398

111 PFINGSTEN RD., SUITE 300 Phone no: 847-236-1111

DEERFIELD, IL 60015-4981

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

UNREALIZED GAIN ON INVESTMENTS	19,117.
PRIOR YEAR ADJUSTMENT - UNREALIZED GAIN ON INVESTMENTS	16,201.

TOTAL	35,318.
	=====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
ADVERTISING	2,590.	2,590.	
AUTO EXPENSE	8,234.	3,294.	4,940.
BANK CHARGES	365.		365.
CHAPTER PROGRAM SUPPORT	9,561.	9,561.	
COMMITTEES	49,091.	49,091.	
DIRECTOR'S EXPENSE	10,178.	4,071.	
INSURANCE	3,816.		6,107.
MISCELLANEOUS EXPENSE	1,926.		3,816.
OFFICE EXPENSE	1,850.		1,926.
REAL ESTATE TAX EXPENSE	450.	225.	1,850.
SECURITY	705.		225.
OTHER FUNDRAISERS	4,666.		705.
UTILITIES	3,910.	1,955.	4,666.
FEES AND TAXES	4,462.		1,955.
			4,462.
TOTALS	101,804.	70,787.	31,017.
	=====	=====	=====

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE		NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
	OWNERSHIP	INTEREST			
N/A					
TOTAL INCOME					

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

2006

Name of estate or trust

Employer identification number

VIETNOW NATIONAL HEADQUARTERS

36-3420947

Note: Form 5227 filers need to complete *only* Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
SEE STATEMENT 1			3,019.	2,721.	298.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet					4 ()
5 Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below					5 298.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6 LONG-TERM CAPITAL GAIN DIVIDENDS			STMT 3		7,271.
SEE STATEMENT 2			86,544.	75,100.	11,444.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9 Capital gain distributions					9
10 Gain from Form 4797, Part I					10
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet					11 ()
12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below					12 18,715.

Part III Summary of Parts I and II

Caution: Read the instructions *before* completing this part

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		298.
14 Net long-term gain or (loss):			
a Total for year	14a		18,715.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36).	14b		
c 28% rate gain	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		19,013.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2006

Part IV Capital Loss Limitation**16** Enter here and enter as a (loss) on Form 1041, line 4, the smaller of**a** The loss on line 15, column (3) or**b** \$3,000**16** ()If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17**17** Enter taxable income from Form 1041, line 22**17****18** Enter the smaller of line 14a or 15 in column (2) but not less than zero**18****19** Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)**19****20** Add lines 18 and 19**20****21** If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶**21****22** Subtract line 21 from line 20. If zero or less, enter -0-**22****23** Subtract line 22 from line 17. If zero or less, enter -0-**23****24** Enter the smaller of the amount on line 17 or \$2,050**24****25** Is the amount on line 23 equal to or more than the amount on line 24?☐ **Yes.** Skip lines 25 through 27, go to line 28 and check the "No" box.☐ **No.** Enter the amount from line 23**25****26** Subtract line 25 from line 24**26****27** Multiply line 26 by 5% (.05)**27****28** Are the amounts on lines 22 and 26 the same?☐ **Yes.** Skip lines 28 through 31, go to line 32☐ **No.** Enter the smaller of line 17 or line 22**28****29** Enter the amount from line 26 (If line 26 is blank, enter -0-)**29****30** Subtract line 29 from line 28**30****31** Multiply line 30 by 15% (.15)**31****32** Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions**32****33** Add lines 27, 31, and 32**33****34** Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions**34****35** **Tax on all taxable income.** Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041**35**

Schedule D (Form 1041) 2006

[illegible]

[illegible]

FEDERAL CAPITAL GAIN DIVIDENDS
=====LONG-TERM CAPITAL GAIN DIVIDENDS

15% RATE CAPITAL GAIN DIVIDENDS

RAYMOND JAMES SECURITIES
PAINE WEBBER7,064.
207.

TOTAL 15% RATE CAPITAL GAIN DIVIDENDS

7,271.

TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS

7,271.
=====

**Vietnow National Headquarters
Form 990**

Schedule D

Vietnow is a national veterans organization with the following aims and purposes:

1. Veterans helping veterans.
2. To help increase community awareness of the difficulties encountered by the veteran and their families.
3. To increase national awareness of the POW/MIA status in supporting other organizations involved in the effort of accountability and release of these veterans.
4. To preserve the integrity of Vietnow National Headquarters and to better serve the veteran. Vietnow will take no stand on religious, political, social, moral or any other issue which does not relate directly to the unique difficulties and issues of their families.
5. To help and assist in solving the unique physical, social and psychological difficulties of the veteran. These difficulties include, but are not limited to:
 - Delayed stress or readjustment difficulties.
 - Agent Orange.
 - Unemployment.
 - Substance abuse.
 - Family and community services.

**Vietnam National Headquarters
Form 990**

Schedule E

Description:

- PTSD – Providing assistance to veterans suffering from Post Traumatic Stress Disorder through a video self-help project.
- Scholarships – Providing college scholarships to dependents of Vietnam and post Vietnam era veterans.
- Homeless – Several hundred homeless persons are provided meals on a weekly basis, as well as assisting in nationwide projects to benefit the homeless community.
- POW/MIA – Awareness and education of the issues of prisoners of war and missing in action soldiers.
- Agent Orange – Awareness and resource referral.
- Veterans Administrator Volunteer Projects – Coordination and Funding.
- Women Veterans – Providing information to a networking with women veterans about issues that concern them.

VietNow National Headquarters
Form 990
Schedule H
36-3420947

Part VI, Line 90a:

List of states with which a copy of this return is filed:

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Florida
Georgia
Illinois
Indiana
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
New Hampshire
New Jersey
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Texas
Utah
Virginia
Washington
West Virginia
Wisconsin

**ViêtNow National Headquarters
Board of Directors
(Fiscal Year July 1, 2006 – June 30, 2007)**

President:	Rich Sanders	(815) 288-5093
	1811 Hickory Lane Dixon, Illinois 61021	
Vice-President:	Jim Stepanek	(352) 489-1644
	1111 W. Harrow Lane Citrus Springs, Florida 34434	
Secretary:	Darrell Gilgan	(815) 335-2571
	611 South Goodling Street Winnebago, Illinois 61088	
Treasurer:	Terry Buscher	(708) 848-1932
	1035 Wenonah Oak Park, Illinois 60304	
Director:	John Bates	(815) 885-1002
	2287 Merrick Drive Caledonia, Illinois 61011	
Director:	John Augustynowicz	(630) 393-3170
	30W170 Oxford Drive Warrenville, Illinois 60555	
Director:	John Davis	(815) 756-6858
	126 West Taylor Street DeKalb, Illinois 60115	
Director:	Gary Eisenhower, Sr.	(815) 232-7954
	463 N. Trunck Avenue Freeport, Illinois 61032	

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box ☐
and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer Identification number
	VIETNOW NATIONAL HEADQUARTERS	36-3420947
	Number, street, and room or suite no. If a P.O. box, see Instructions.	
	1835 BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ROCKFORD, IL 61104	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ►

Telephone No. ► FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until February 15, 08 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
► ☒ tax year beginning 07/01, 2006, and ending 06/30, 2007.

If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a \$

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b \$

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$ -0-

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 12-2006)